## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

B5-7858/LeA35,251

| CLAIMS AS FILED - PART I (Column 1) (Column 2)              |  |  |                   |                               |                     |                  |     | SMALL ENTITY TYPE OR |                        |                         | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|--|-------------------|-------------------------------|---------------------|------------------|-----|----------------------|------------------------|-------------------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |  | 13                |                               |                     |                  | [   | RATE                 | FEE                    |                         | RATE                       | FEE                    |
| FOR   |  |  | NUMBER FILED      |                               | NUMBER EXTRA        |                  | Ì   | BASIC FEE            | 375.00                 | OR                      | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                     |  |  | 3 minus 20=       |                               | * 0                 |                  |     | X\$ 9=               |                        | OR                      | X\$18=                     | 0                      |
| IND   | EPENDENT CL                                    | AIMS   | minus 3 = *       |                               |                     | 9                |     | X42=                 |                        | OR                      | X84=                       | 0                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P   | RESENT            |                               |                     |                  |     | +140=                |                        | OR                      | +280=                      | 280                    |
| * If the difference in column 1 is less than zero, enter "0 |  |  |                   |                               | "0" in c            | olumn 2          | •   | TOTAL                |                        | OR                      | TOTAL                      | 1031)                  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column  |  |  |                   |                               |                     |                  |     | SMALL                | ENTITY                 | OTHER THAN SMALL ENTITY |                            |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                   | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus             | **                            |                     | =                |     | X\$ 9=               |                        | OR                      | X\$18=                     |                        |
|   | Independent                                    | *  | Minus             | ***                           | 5 01 4114           | =                |     | X42=                 |                        | OR                      | X84=                       |                        |
| <u> </u>  | FIRST PRESENTATION OF MI                       |  | JUITPLE DEPENDENT |                               | CLAIM               | M L              |     | +140=                |                        | OR                      | +280≈                      |                        |
|   |  |  |                   |                               |                     |                  |     | TOTAL<br>ADDIT. FEE  |                        | OR                      | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)   |                   | (Colur                        | mn 2)               | (Column 3)       | _ ′ | ADDIT: I EE          |                        | •                       | 7.001 1 2.2                |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      | <u> </u>          | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus             | **                            |                     | =                |     | X\$ 9=               |                        | OR                      | X\$18=                     |                        |
|   | Independent                                    | dependent  |                   | ***                           | ENT CLAIM           |                  |     | X42=                 |                        | OR                      | X84≈                       |                        |
| <u> </u>  | TATION TO MODELLE DEL CIODENT OD III           |  |                   |                               |                     |                  | ا ا | +140=                |                        | OR                      | +280=                      |                        |
|   |  |  |                   |                               |                     |                  |     | TOTAL<br>ADDIT. FEE  |                        | OR                      | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)   |                   | (Colui                        |                     | (Column 3)       | -   |                      |                        |                         |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus             | **                            |                     | =                |     | X\$ 9=               |                        | OR                      | X\$18=                     |                        |
|   | Independent                                    | *  | Minus             | ***                           |                     | =                |     | X42=                 |                        | OR                      | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                   |                               |                     |                  | 1   | +140=                |                        | OR                      | +280=                      |                        |
| *   | If the entry in colu<br>If the "Highest Nu     |  | TOTAL             | <del>-</del>                  | OR                  | TOTAL            |     |                      |                        |                         |                            |                        |
| ***   | If the "Highest Nu                             | imber Previously P<br>imber Previously P<br>nber Previously Pa | aid For" IN TH    | IS SPACE                      | is less tha         | n 3, enter "3."  | ,   | ADDIT. FEE           | propriate bo           |                         | ADDIT. FEE<br>olumn 1.     | <del>L</del>           |